## APPLICATION FOR HOME FOOD ESTABLISHMENT LICENSE

Return application and payme				
DEPT OF INSPECTIONS AND APPEALS FOOD & CONSUMER SAFETY BUREAU		Date Of Application :		
LUCAS BLDG - 321 E 12TH ST			[]NEW	[ ] RENEWAL
DES MOINES, IA 50319		If new application, business opening date :		
Ph	one: (515)281-6538	Has ownership changed since last lie		[ ] Yes [ ] No
		If yes: Previous Owner:		[]165 []110
		Business Name		
		Last License Number :		
License #	Exp Date :	WATER SOURCE ( check one )	[ ] Public w	ater supply
Name of Business :			[ ] Private V	Vell
Owner's Name :			Phone :	
Physical Address :			County:	
City :			State :	Zip :
	spondence if different than above	::		
Street or Route :			Phone :	
City :			_ State : _	Zip :
Person-in-Charge :				
Ownership structure: Inc *(Complete next section for parts	dividual : Partnership*:			
	Title :	Name :	T	· . 1
	Title .			itle :
	State : Z			tate : Zip :
		City		tate : Zip
consumption off-the-premise	e. Potentially hazardous bakery properties of a home food es	residence where potentially hazardous baker roducts are those that require refrigeration, stablishment must be under \$20,000.		
Any change in Ownership Requires a New License. Licenses are <u>Not</u> Transferable. Make Check or Money Order Payable to:			FOR OFFICE USE ONLY	
DEPT OF INSPECTIONS AND APPEALS			CK # :	
Signature of Applicant :				

Date : \_\_\_\_

CK Date :

Title of Applicant :